

Work Order # _____ Job # _____ Activity # _____

1. Work requester fills out this section

STANDING WORK PERMIT ☐

Requester: THOMAS SHEA Date: 5/14/01 Ext. 3454 Dept/Div/Group: PHYSICS / PHENIX
Other Contact person (if different from requester): PETE KROON Ext. 5114
Work Control Coordinator _____ Start Date 5/14/01 Est. End Date 5/14/01
Description of Work / Problem: THE 12 TON CRANE WILL BE USED TO INSTALL TWO 3.5 TON HALVES OF THE MUID COLLAR ON THE REAR OF THE SOUTH TUCON MAINS (MMS). THIS WORK WILL BE PERFORMED WITH FLAMMABLE CAS IN THE PHENIX DC, PL, AND TEL DETECTORS
Building _____ Room _____ Equipment _____ Service Provider _____

2. Work requester, service provider, and ES&H (as necessary) fill out this section or attach analysis

ES&H Analysis

RADIATION CONCERNS ☒ NONE ☐ Activation ☐ Airborne ☐ Contamination ☐ Radiation ☐ OTHER _____
☐ Special nuclear materials involved, notify Isotope Special Materials Group ☐ Fissionable materials involved, notify Laboratory Criticality Officer

SAFETY CONCERNS

☐ NONE

☐ Adding / Removing Walls or Roofs ☐ Confined Space* ☐ Explosives ☐ Lead* ☐ Penetrating Fire Wall
☐ Asbestos* ☐ Corrosive ☒ Flammable ☐ Magnetic Field ☐ Pressurized Systems
☐ Beryllium* ☐ Cryogenic ☐ Fumes/Mist/Dust* ☐ Material Handling ☒ Rigging/Critical Lift
☐ Biohazard* ☐ Electrical ☐ Heat/Cold Stress* ☐ Noise* ☐ Toxic Materials*
☐ Chemicals* ☒ Elevated Work* ☐ Hydraulic ☐ Non-ionizing Radiation ☐ Vacuum
☐ Lasers* ☐ Oxygen Deficiency* ☐ OTHER _____

*Does this work require medical clearance or surveillance from the Occupational Medicine Clinic? ☐ Yes ☐ No

ENVIRONMENTAL CONCERNS

☒ NONE

☐ Atmospheric Discharges (rad/non-rad) ☐ Liquid Discharges ☐ Work impacts Environmental Permit No. _____
☐ Chemical or Rad Material Storage or Use ☐ Oil / PCB Management ☐ Soil activation/contamination ☐ Waste - Mixed
☐ Cesspools (UIC) ☐ Protected areas / species ☐ Waste - Clean ☐ Waste - Radioactive
☐ High water / power consumption ☐ Spill potential ☐ Waste - Hazardous ☐ Waste - Regulated Medical
☐ OTHER _____

Waste disposition by: _____

POLLUTION PREVENTION (P2) / WASTE MINIMIZATION OPPORTUNITY: ☐ None ☐ Yes

Facility Concerns

☒ NONE

☐ Access/Egress Limitations ☐ Impacts Facility Use Agreement ☐ Temperature Change ☐ OTHER _____
☐ Configuration Control ☐ Maintenance Work on Ventilation Systems ☐ Utility Interruptions
☐ Electrical Noise ☐ Potential to Cause a False Alarm ☐ Vibrations

Work Controls

WORK PRACTICES ☐ NONE ☐ Exhaust Ventilation ☒ Lockout/Tagout ☐ Spill Containment
☐ Back-up Person/Watch ☐ HP Coverage ☐ Posting/Warning Signs ☐ Time Limitation
☐ Barricades ☐ IH Survey ☐ Scaffolding - requires inspection ☐ Warning alarm (i.e. "high level")

PROTECTIVE EQUIPMENT

☐ NONE ☐ Ear Plugs ☐ Gloves ☐ Lab Coat ☐ Safety Glasses
☐ Coveralls ☐ Ear Muffs ☐ Goggles ☐ Respirator ☒ Safety Harness
☐ Disposable Clothing ☐ Face Shield ☐ Hard Hat ☐ Shoe covers ☐ Safety Shoes ☐ OTHER _____

PERMITS

REQUIRED ☒ NONE Initial next to box to show who has responsibility to generate the permit. Permits must be valid when job is scheduled.
(Please attach) ☐ Concrete/Masonry Penetration ☐ Cutting/Welding ☐ Impair Fire Protection Systems
☐ Confined Space Entry ☐ Digging/Core Drilling ☐ Rad Work Permit - RWP No. _____
☐ Electrical Working Hot ☐ OTHER _____

DOSIMETRY/ MONITORING

☒ NONE ☐ Heat Stress Monitor ☐ Real Time Monitor ☐ TLD
☐ Air Effluent ☐ Noise Survey/Dosimeter ☐ Self-reading Pencil Dosimeter ☐ Waste Characterization
☐ Ground Water ☐ O₂/Combustible Gas ☐ Self-reading Digital Dosimeter ☐ OTHER _____
☐ Liquid Effluent ☐ Passive Vapor Monitor ☐ Sorbent Tube/Filter Pump

Training Requirements

(List below any location specific training requirements)

CRANE OPERATOR, WORK AT HEIGHTS

Based on analysis above, the Walkdown Team determines the risk, complexity, and coordination ratings below.

ES&H Risk Level: ☒ LOW ☐ MODERATE ☐ HIGH
Complexity Level: ☒ LOW ☐ MODERATE ☐ HIGH
Work Coordination: ☒ LOW ☐ MODERATE ☐ HIGH

Note: If all the ratings are LOW, the Work Control Coordinator and Service Provider must sign for concurrence on the back side. Further review of the work permit is not required. If any ratings are MODERATE or HIGH, the entire permit must be completed.

3. Both work requester and service provider coordinate on work plan (use attachments for detailed plans)

Work Plan: (procedures, timing, equipment, and personnel availability need to be addressed)

THE CRANE WILL BE USED TO LOWER EACH COLUMN HALF FROM ITS STORAGE POSITION ON TOP OF THE MUD STEEL TO TRAIL LEVEL BEHIND (SOUTH) HHS WHERE THEY WILL BE ROTATED 90° TO THE CORRECT ORIENTATION FOR INSTALLATION, RAISED INTO POSITION, AND BOLTED INTO PLACE.

RELEVANT EQUIPMENT: (4) 6/8-11 SWIVEL EYES RATED 4000 LB.

(4) 3ST NYLON SLINGS RATED 6200 LB. (4) 1/2" SHACKLES RATED 3.3 TONS.

(2) 10ST SLINGS RATED 5300 LB. (1) D-RING (1 INCH).

(1) 5 TON CHAIN FALL * SKILL-OF-THE-CRAFT *

Special Working Conditions Required: FALL PROTECTION WHERE WORK IS TO BE PERFORMED AT ELEVATED POSITIONS.

Operational Limits Imposed: THE TRILLY OF THE CRANE SHOULD NOT BE ALLOWED TO TRAIL NORTH

Post Work Testing Required: NONE BEYOND THE BACK PLATE OF THE HHS.

Job Safety Analysis Required Yes ☒ No Walkdown Required Yes ☒ No

Reviewed By: Primary Reviewer will determine the size of the review team and the other signatures required based on hazards and job complexity. Primary Reviewer signature means that the hazards and risks that could impact ES&H have been identified and will be controlled according to BNL requirements.

Title	Name (print)	Signature	Life #	Date
Primary Reviewer				
ES&H Professional				
Other				
Other				
Work Control Coordinator*	CPearson	Chloro	15295	5/14/2011
Service Provider*				

*Only signatures required for concurrence on LOW rated jobs.

Review done: in series team

4. Job site personnel fills out this section

Note: Signature indicates personnel performing work have read and understand the hazards and permit requirements (including attached permits).

Job Site Supervisor	Contractor Supervisor
Workers: _____ Life # _____	Workers: _____ Life # _____
_____	_____
_____	_____
_____	_____

Workers are encouraged to provide feedback on ES&H concerns or on ideas for improved job work flow. Use feedback form or space below.

5. Work Requester or designee fills out this section

Conditions are Appropriate to Start Work: (Work permit has been reviewed, work controls are in place, and site is ready for job.)

Name _____ Signature _____ Life # _____ Date _____

6. Work Requester determines if Post Job Review is required No Yes (Fill in names of reviewers)

Post Job Review:

Name: _____	Signature _____	Life #: _____	Date: _____
Name: _____	Signature _____	Life #: _____	Date: _____

7. Worker provides feedback

Worker Feedback:

8. Work Control Coordinator (requesting dept.) checks quality of completed permit and closes out

Closeout: Name _____ Signature _____ Life #: _____ Date: _____

Comments: _____